

DWS CHILD CARE APPEAL REQUEST FORM

Complete this form if you would like to appeal an action taken by Child Care Licensing.

Today's Date: ____/____/____

Name: _____ Daytime Phone Number: _____

E-mail Address _____

Address: _____
(street) (city) (zip)

A. What would you like to appeal?

1. _____ Application Denial Date of Denial: _____/_____/_____
2. _____ Background Screening Denial Date of Denial: _____/_____/_____
3. _____ Approval Deactivation Date of Deactivation Notice: _____/_____/_____
4. _____ Statement of Findings Date of Inspection: _____/_____/_____

Please list specifically which findings you would like to discuss, or write "all" if you would like to discuss all of the findings from this date.

5. _____ Other (please explain): _____

B. How would you like to appeal this action?

_____ I would like an informal discussion with the DWS Child Care Manager (the Licensor's supervisor).

_____ I would like an informal discussion with the Child Care Licensing Administrator.

_____ I would like a fair hearing with the DWS staff.

C. Signature: _____

Submit the completed form to:

Utah Department of Health, Child Care Licensing - DWS Child Care

Mailing Address:

Fax Number:

E-mail Address

PO Box 142000

801-237-0749

donnathomas@utah.gov

Salt Lake City, UT 84114-2000